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ABSTRACT

Life review is frequently reported as a therapeutic modality providing a healthy means of adaptation for the elderly. This study was conducted to clarify the therapeutic role of the life review as a holistic nursing intervention in a sample of 60 homebound elderly persons. A structured life review process was designed, implemented, and evaluated for its ability to increase functional well-being. Pre- and post-test measures of life satisfaction, psychological well-being, depression, and activities of daily living were administered to three groups of subjects: an experimental group who received the treatment of the life review process, a control group who received a friendly visit, and a no-treatment group who participated only in the testing periods. Pillai's trace demonstrated statistical significance for overall group effect with $F(8,84) = 2.24$ ($p<.0319$). Canonical variates indicated that the Life Satisfaction Index A and the Affect-Balance Scale accounted for 29% of the variance. Findings support the hypothesis that those elderly people who participate in a structured process of life review will improve in overall well-being. These findings suggest a structured life review process may be a significant counseling modality for use as a holistic nursing intervention. (Author/NB)

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THE LIFE REVIEW AS A COUNSELING MODALITY FOR USE BY NURSES

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RUNNING HEAD: LIFE REVIEW

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A VERSION OF THIS PAPER WAS PRESENTED AT THE 114TH ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, LAS VEGAS, NEVADA, OCTOBER 1, 1986.

Abstract

The research design of pre-test, post-test of four dependent variables with three groups was employed to clarify the therapeutic role of the life review as a holistic nursing intervention in a sample of sixty homebound elderly. The experimental group received the treatment of life review process, the control group received a friendly visit and the no-treatment group received pre-test and post-test only. Functional well-being was operationalized by four dependent variables consisting of life satisfaction, psychological well-being, depression and activities of daily living. Manova was selected to statistically analyze the interaction of the four dependent variables. Pillai's trace demonstrated statistical significance for overall group effect with $F\ (8,84) = 2.24$, $P < .0319$. Canonical variates indicated that the LSIA and ABS accounted for 29% of the variance. Findings of this study support the conceptual hypothesis: Those elderly people who participate in a structured process of life review will improve in overall well-being. These findings suggest a structured life review process may be a significant counseling modality for use as a holistic nursing intervention.

The Life Review as a Counseling Modality for use by Nurses

Life review is frequently reported as a therapeutic modality providing a healthy means of adaptation for the elderly. The literature however, is inconsistent when evaluating the therapeutic efficacy of life review. Empirical research studies report life review as ineffective or at best only a fair intervention for the elderly. Yet, clinical case studies, not subjected to empirical review, report quite positive results.

Molinari (1985), in a recent review of the literature, stated the nature of life review needs to be defined more accurately. Due to lack of definition, numerous reminiscing modalities are erroneously reported as life review. Thus, clinical case studies, reminiscing groups, autobiographical experiences, life histories, and multiple other forms of reminiscing all are placed under the aegis of life review. This failure to distinguish life review from reminiscing obscures the value of life review as an emerging counseling modality and holistic nursing intervention.

Review of the Literature

Butler (1963) suggested that life review accounted for the increased reminiscing in the aged. He visualized life review as an adaptive process in which the older person surveyed and reintegrated unresolved conflicts. However, he stated that for some this process could cause depression, particularly if the individual became stuck at a guilty point in his past and was unable to integrate such troublesome events.

BUTLER'S PHILOSOPHY REFLECTS ERIKSON'S THEORY OF THE AGES OF MAN (1950). ERIKSON PROPOSES THAT THE PRIMARY TASK OF THE OLDER PERSON IS TO ACCEPT HIS LIFE AS IT HAS BEEN LIVED IN ORDER THAT HE MAY AGE SUCCESSFULLY AND ACHIEVE INTEGRITY. A CAREFUL EXAMINATION OF THE PHILOSOPHIES OF BUTLER AND ERIKSON SUGGESTS THAT THE ACHIEVEMENT OF INTEGRITY MAY BE FACILITATED THROUGH LIFE REVIEW.

IN ADDITION TO THESE EARLY CONCEPTS, NURSES WERE AMONG THOSE IN A PIONEERING ROLE WITH THEIR OBSERVATIONS OF THE THERAPEUTIC VALUE OF LIFE REVIEW. THEY OFFERED VALUABLE CLINICAL IMPRESSIONS. BURNSIDE (1978), A NOTED NURSE GERONTOLOGIST, DESCRIBED THE LIFE REVIEW AS USEFUL FOR GROUP WORK, WHILE EBERSOLE (1976) AND SAFIER (1976) REPORTED SUCCESSFUL EXPERIENCES USING THE MODALITY OF LIFE REVIEW WITH GROUPS. CHUBON (1980) WROTE OF THE EXISTENCE OF SPONTANEOUS LIFE REVIEW IN HER DIALYSIS PATIENTS WHO WERE FACING DEATH, WHILE A COMPREHENSIVE GUIDELINE FOR IMPLEMENTING LIFE REVIEW WITH DYING PATIENTS WAS DEVELOPED BY DE RAMON (1983). ANOTHER NURSE, WYSOCKI (1983) PRESENTED A PROVOCATIVE PLAN FOR ACHIEVING A LIFE REVIEW IN SEVERAL COUNSELING SESSIONS BUT DID NOT SUBJECT THE PLAN TO A RESEARCH PROCESS. OTHER REPORTS OF THE BENEFITS OF REMINISCING WERE CONTRIBUTED BY RYDEN (1981), KING (1982), COOK (1984), AND SCHNASE (1982), BUT THESE ALSO WERE ANECDOTAL OR OBSERVATIONAL REPORTS.

ALTHOUGH NURSES HAVE ALSO REPORTED THE POTENTIAL OF LIFE REVIEW AS A HOLISTIC NURSING INTERVENTION, THEY HAVE BEEN REMISS IN SUBMITTING LIFE REVIEW TO EMPIRICAL EXAMINATION. A CLOSE PERUSAL OF REPORTS FROM OTHER

DISCIPLINES SUPPORTS MOLINARI'S STATEMENTS THAT LIFE REVIEW IS NOT CLEARLY DEFINED AND THAT THE CONCEPTS OF LIFE REVIEW AND REMINISCING ARE USED INTERCHANGEABLY. FOR THIS REASON, MUCH OF THE RESEARCH IN THE FIELD IS BASED ON A REMINISCING EXPERIENCE OF ONE HOUR, WHICH IS CONTRARY TO BUTLER'S DEFINITION OF LIFE REVIEW AS A LONG INTEGRATIVE PROCESS.

A LANDMARK STUDY BY MCMAHAN (1968) EXAMINED THE CORRELATION BETWEEN ADAPTATION AND REMINISCING IN VETERANS AND CONFIRMED THAT REMINISCING IS POSITIVELY CORRELATED WITH SUCCESSFUL ADAPTATION TO OLD AGE. FALK (1969), WHO ALSO EXAMINED THE CORRELATION OF ADAPTATION AND REMINISCING, DID NOT AGREE WITH MCMAHAN, BUT STATED HER OWN FINDINGS DID NOT SHED ANY LIGHT ON THE ADAPTIVE VALUE OF REMINISCENCE. REVERE AND TOBIN (1980) LOOKED AT THE QUANTITY OF REMINISCING IN DIFFERENT AGE GROUPS AND DETECTED THAT OLDER AGE GROUPS WERE MORE INVOLVED IN REMINISCING. HEDGEPATH AND HALE (1983) COMPARED THE ADAPTATION OF TWO GROUPS OF INDIVIDUALS. ONE GROUP DISCUSSED PRESENT EXPERIENCES, WHILE THE OTHER GROUP DISCUSSED PAST EXPERIENCES. THEY FOUND NO SIGNIFICANT DIFFERENCES IN MEAN SCORES BETWEEN GROUPS, THUS, CONCLUDING THAT REMINISCING DOES NOT SERVE AN ADAPTIVE FUNCTION. BRENNAN AND STEINBERG (1984) EXAMINED THE PATTERNS OF INTERRELATIONS AMONG MEASURES OF REMINISCENCE, MORALE, AND ACTIVITY IN A GROUP OF FORTY FEMALES WHO REMINISCED FOR ONE HOUR. THE RESULTS WERE INCONCLUSIVE FOR THESE WOMEN, POSSIBLY DUE TO THE SHORT TIME ALLOWED FOR REMINISCING. HAIGHT (1984) REPORTED THE ONLY POSITIVE EMPIRICAL RESULTS FOR LIFE REVIEW. A STRUCTURED INTEGRATIVE PROCESS OF LIFE REVIEW WAS DEVISED AND ADMINISTERED. POSITIVE

RESULTS WERE REPORTED IN TWO SEPARATE STUDIES WITH TWO SEPARATE POPULATIONS, YIELDING SOME CREDIBLE EVIDENCE TO CONFIRM THE BELIEF THAT LIFE REVIEW IS THERAPEUTIC WHEN APPLIED TO INDIVIDUALS.

MANY RESEARCHERS HAVE EXAMINED THE THERAPEUTIC EFFECTS OF REMINISCING IN GROUPS. KIERNAT (1979) LOOKED AT REMINISCING GROUPS AS A WAY TO ELICIT BEHAVIOR CHANGE IN CONFUSED RESIDENTS. BEHAVIOR CHANGE WAS EVALUATED THROUGH A GROUP BEHAVIOR SCALE. ALTHOUGH RESULTS WERE NOT SIGNIFICANT, ANECDOTAL RECORDS PROVIDED CLEAR PICTURES OF POSITIVE CHANGE. HUGHSTON AND MERRIAM (1982) EXPLORED THE ABILITY OF REMINISCING GROUPS TO IMPROVE COGNITIVE FUNCTIONING. WOMEN IN A REMINISCING GROUP IMPROVED IN COGNITIVE FUNCTIONING AFTER FOUR WEEKS WHEREAS THE CONTROL GROUP, PARTICIPATING IN NEW ACTIVITIES, ACTUALLY DECREASED IN COGNITIVE FUNCTIONING. A REMINISCING GROUP EXPERIENCE BY GEORGEMILLER (1984) RECEIVED ACCOLADES FROM PARTICIPANTS; BUT WHEN RESULTS WERE COMPARED BETWEEN THE REMINISCING GROUP AND THE CONTROL GROUP, THERE WERE NO GREAT DIFFERENCES BETWEEN GROUPS.

TWO RECENT REVIEW ARTICLES MAKE SIGNIFICANT CONTRIBUTIONS TOWARD DEFINING THE PROBLEMS EXTANT IN THE LIFE REVIEW LITERATURE. THE FIRST, BY MERRIAM (1980), CONCLUDED THAT THE CONCEPT OF REMINISCENCE AND ITS RELATIONSHIP TO OTHER AFFECTIVE PROCESSES WAS NOT CLEARLY DELINEATED. ADDITIONALLY, MERRIAM ALSO STATED THAT RESEARCHERS NEEDED TO CONCEPTUALIZE THE PHENOMENON OF LIFE REVIEW AND ACCUMULATE MORE DESCRIPTIVE DATA REGARDING ITS CONTENT. MERRIAM POSITED AN EXPLORATORY INDUCTIVE THEORY-BUILDING METHODOLOGY WHICH SHE SUGGESTED RESEARCHERS SHOULD LATER OPERATIONALIZE AND TEST EMPIRICALLY.

The second review article by Molinari and Reichlin (1985) offered a guide for future research on the subject of life review and proposed the following: A need for basic demographic data, a separation of life review and reminiscence in future research, a clarified process of life review, a division and clarification of intrapersonal and interpersonal reminiscence, an examination of life review differences in community versus institutional settings, longitudinal studies to examine the long term effects of life review, and more collaboration between the clinical and research areas. All of these suggestions are valuable and their implementation would contribute to clarifying the issues surrounding life review.

Purpose

This study defined a universal process of life review, which when applied to the elderly and subjected to empirical testing, substantiated Robert Butler's thesis of the integrative value of life review. A structured life review process was designed, implemented and subsequently evaluated for its ability to increase functional well-being as operationalized by life satisfaction, emotional well-being, depression, and activities of daily living. The intention of this study was to clarify the role of the life review as a holistic nursing intervention and counseling modality for the elderly.

Methodology

A sample of sixty homebound elderly subjects was randomly selected from a list of meals-on-wheels recipients and from those receiving home health services in a southern community. Inclusion criteria were: fifty years and

older, able to communicate, and homebound as defined by the agency providing services. Sixty subjects were selected for each group based on the gain scores of a previous research project (Haight, 1986), and using Cohen's power analysis (1977). Fifty-one subjects completed the study with not less than sixteen subjects in each group. The effect size of sixteen subjects per group provided more than 95% power at the .05 level of significance.

Design

An experimental design of pre-test, post-test was employed with random assignment of individuals to one of three groups. The three groups consisted of an experimental group, a control group and a no-treatment group. The experimental group received the treatment of life review process, while the control group enjoyed the intervention of a friendly visit and the no-treatment group participated only in the testing phases. Members of all groups were subjected to pre-test and post-test on four dependent variables. The four dependent variables included life satisfaction as measured by the LSI-A, psychological well-being as defined by the ABS, depression as measured by the SDS, and activities of daily living measured by 20 questions from the Oars Questionnaire. This experimental design is depicted in Figure 1.

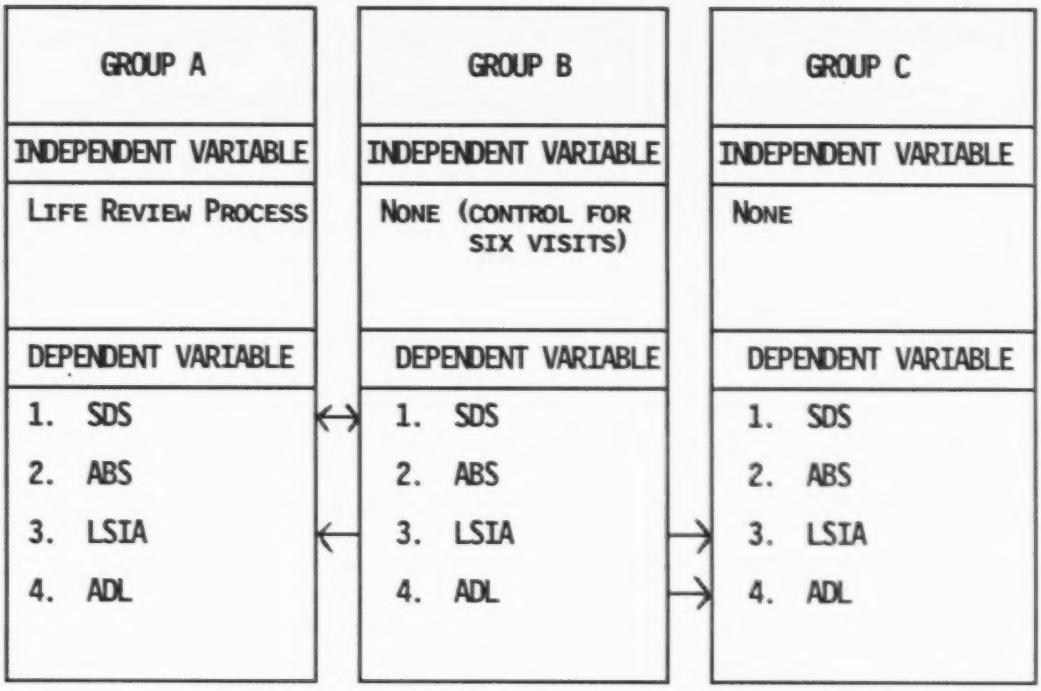
Place Figure 1 about here

Variables and Instruments

Independent variable: life review process.

The life review process, the independent variable, is a series of six one-hour visits purposefully structured to guide the older person through

FIGURE 1. RESEARCH DESIGN FOR THE THERAPEUTIC ROLE OF THE LIFE REVIEW USING THREE GROUPS AND FOUR DEPENDENT VARIABLES



1. SDS (ZUNG SELF RATING DEPRESSION SCALE)
2. ABS (AFFECT BALANCE SCALE)
3. LSIA (LIFE SATISFACTION INDEX - A)
4. ADL (ACTIVITIES OF DAILY LIVING)

his memories by attentive listening. This process is conducted through the use of the Life Review and Experiencing Form (LREF). The LREF was devised for the purpose of assuring consistency among subjects' reviews. Already existing questions were selected from two unpublished doctoral dissertations and were combined with newly created questions to form the LREF. Since its inception in 1979, the LREF has been used repeatedly to conduct life reviews and to teach others to conduct life reviews. The LREF has undergone incremental refinements since 1979 and has proved valuable in structuring and teaching the life reviews. The LREF appears in Figure 2.

Insert Figure 2 about here

Dependent variable: life satisfaction.

The instrument of choice for measuring life satisfaction is the Life Satisfaction Index A (LSI-A) as revised by Adams (1969), using Wood's (1969) scoring method. Neugarten's (1961) original scale tests five components of life satisfaction: zest, resolution and fortitude, congruence between desired and achieved goals, positive self concept, and mood tone. Adam's revision has been used repeatedly with older populations and provides a correlation of .97 between the items and the life satisfaction factor, therefore, providing confidence in the validity and reliability of the scale.

Dependent variable: psychological well-being.

The preferred scale for measuring the second dependent variable is Bradburn's (1969) Affect-Balance Scale (ABS). This scale tests an individual's position on two independent measures of positive and negative

FIGURE 2. LIFE REVIEW AND EXPERIENCING FORM (LREF) FOR CONDUCTING A STRUCTURED REMINISCING PROCESS

CHILDHOOD:

1. WHAT IS THE VERY FIRST THING YOU CAN REMEMBER IN YOUR LIFE? GO AS FAR BACK AS YOU CAN.
2. WHAT OTHER THINGS CAN YOU REMEMBER ABOUT WHEN YOU WERE VERY YOUNG?
3. WHAT WAS LIFE LIKE FOR YOU AS A CHILD?
4. WHAT WERE YOUR PARENTS LIKE? WHAT WERE THEIR WEAKNESSES, STRENGTHS?
5. DID YOU HAVE ANY BROTHERS OR SISTERS? TELL ME WHAT EACH WAS LIKE.
6. DID SOMEONE CLOSE TO YOU DIE WHEN YOU WERE GROWING UP?
7. DID SOMEONE IMPORTANT TO YOU GO AWAY?
8. DO YOU EVER REMEMBER BEING VERY SICK?
9. DO YOU REMEMBER HAVING AN ACCIDENT?
10. DO YOU REMEMBER BEING IN A VERY DANGEROUS SITUATION?
11. WAS THERE ANYTHING THAT WAS IMPORTANT TO YOU THAT WAS LOST OR DESTROYED?

ADOLESCENCE:

1. WHEN YOU THINK ABOUT YOURSELF AND YOUR LIFE AS A TEENAGER, WHAT IS THE FIRST THING YOU CAN REMEMBER ABOUT THAT TIME?
2. WHAT OTHER THINGS STAND OUT IN YOUR MEMORY ABOUT BEING A TEENAGER?
3. WHO WERE THE IMPORTANT PEOPLE FOR YOU? TELL ME ABOUT THEM. PARENTS, BROTHERS AND SISTERS, FRIENDS, TEACHERS, THOSE YOU WERE ESPECIALLY CLOSE TO, THOSE YOU ADMIRED, THOSE YOU WANTED TO BE LIKE.
4. DID YOU GO TO SCHOOL? MEANING FOR YOU?
5. DID YOU WORK DURING THESE YEARS?
6. TELL ME OF ANY HARDSHIPS YOU EXPERIENCED AT THIS TIME.
7. DO YOU REMEMBER FEELING THAT THERE WASN'T ENOUGH FOOD OR NECESSITIES OF LIFE AS A CHILD OR ADOLESCENT?
8. DO YOU REMEMBER FEELING LEFT ALONE, ABANDONED, NOT HAVING ENOUGH LOVE OR CARE AS A CHILD OR ADOLESCENT?
9. WHAT WERE THE PLEASANT THINGS ABOUT YOUR ADOLESCENCE?

NOTE: DERIVED FROM NEW QUESTIONS AND TWO UNPUBLISHED DISSERTATIONS.

1. GORNEY, J. (1968). EXPERIENCING AND AGE: PATTERNS OF REMINISCENCE AMONG THE ELDERLY. (UNPUBLISHED DOCTOR'S DISSERTATION, UNIVERSITY OF CHICAGO).
2. FALK, J. (1969). THE ORGANIZATION OF REMEMBERED LIFE EXPERIENCE OF OLDER PEOPLE: ITS RELATION TO ANTICIPATED STRESS, TO SUBSEQUENT ADAPTATION AND TO AGE. (UNPUBLISHED DOCTOR'S DISSERTATION, UNIVERSITY OF CHICAGO).

FIGURE 2 (CONTINUED)

10. WHAT WAS THE MOST UNPLEASANT THING ABOUT YOUR ADOLESCENCE?
11. ALL THINGS CONSIDERED, WOULD YOU SAY YOU WERE HAPPY OR UNHAPPY AS A TEENAGER?

FAMILY AND HOME:

1. HOW DID YOUR PARENTS GET ALONG?
2. HOW DID OTHER PEOPLE IN YOUR HOME GET ALONG?
3. WHAT WAS THE ATMOSPHERE IN YOUR HOME?
4. WERE YOU PUNISHED AS A CHILD? FOR WHAT? WHO DID THE PUNISHING? WHO WAS "BOSS"?
5. WHEN YOU WANTED SOMETHING FROM YOUR PARENTS, HOW DID YOU GO ABOUT GETTING IT?
6. WHAT KIND OF PERSON DID YOUR PARENTS LIKE THE MOST? THE LEAST?
7. WHO WERE YOU CLOSEST TO IN YOUR FAMILY?
8. WHO IN YOUR FAMILY WERE YOU MOST LIKE? IN WHAT WAY?

ADULTHOOD:

1. NOW I'D LIKE TO TALK TO YOU ABOUT YOUR LIFE AS AN ADULT STARTING WHEN YOU WERE IN YOUR TWENTIES UP TO TODAY. TELL ME OF THE MOST IMPORTANT EVENTS THAT HAPPENED IN YOUR ADULTHOOD.
2. WHAT WAS LIFE LIKE FOR YOU IN YOUR TWENTIES AND THIRTIES?
3. WHAT KIND OF PERSON WERE YOU? WHAT DID YOU ENJOY?
4. TELL ME ABOUT YOUR WORK. DID YOU ENJOY YOUR WORK? DID YOU EARN AN ADEQUATE LIVING? DID YOU WORK HARD DURING THOSE YEARS? WERE YOU APPRECIATED?
5. DID YOU MARRY?
   (YES) WHAT KIND OF PERSON WAS YOUR SPOUSE?
   (NO) WHY NOT?
6. DO YOU THINK MARRIAGES GET BETTER OR WORSE OVER TIME? WERE YOU MARRIED MORE THAN ONCE?
7. ON THE WHOLE, WOULD YOU SAY YOU HAD A HAPPY OR UNHAPPY MARRIAGE?
8. WHAT WERE SOME OF THE MAIN DIFFICULTIES YOU ENCOUNTERED DURING YOUR ADULT YEARS?
   A. DID SOMEONE CLOSE TO YOU DIE? GO AWAY?
   B. WERE YOU EVER SICK? HAVE AN ACCIDENT?
   C. DID YOU MOVE OFTEN? CHANGE JOBS?
   D. DID YOU EVER FEEL ALONE? ABANDONED?
   E. DID YOU EVER FEEL NEED?

SUMMARY:

9. ON THE WHOLE WHAT KIND OF LIFE DO YOU THINK YOU'VE HAD?
10. IF EVERYTHING WERE TO BE THE SAME WOULD YOU LIKE TO LIVE OUR LIFE OVER AGAIN?

FIGURE 2 (CONTINUED)

11. IF YOU WERE GOING TO LIVE YOUR LIFE OVER AGAIN, WHAT WOULD YOU CHANGE? LEAVE UNCHANGED?
12. WE'VE BEEN TALKING ABOUT YOUR LIFE FOR QUITE SOME TIME NOW. LET'S DISCUSS YOUR OVER-ALL FEELINGS AND IDEAS ABOUT YOUR LIFE. WHAT WOULD YOU SAY THE MAIN SATISFACTIONS IN YOUR LIFE HAVE BEEN? (TRY FOR THREE). (WHY WERE THEY SATISFYING)?
13. EVERYONE HAS HAD DISAPPOINTMENTS. WHAT HAVE BEEN THE MAIN DISAPPOINTMENTS IN YOUR LIFE?
14. WHAT WAS THE HARDEST THING YOU HAD TO FACE IN YOUR LIFE? DESCRIBE.
15. WHAT WAS THE HAPPIEST PERIOD OF YOUR LIFE? WHAT ABOUT IT MADE IT THE HAPPIEST PERIOD? WHY IS YOUR LIFE LESS HAPPY NOW?
16. WHAT WAS THE UNHAPPIEST PERIOD OF YOUR LIFE? WHY IS YOUR LIFE MORE HAPPY NOW?
17. WHAT WAS THE PROUDEST MOMENT IN YOUR LIFE?
18. IF YOU COULD STAY THE SAME AGE ALL YOUR LIFE, WHAT AGE WOULD YOU CHOOSE? WHY?
19. (A) HOW DO YOU THINK YOU'VE MADE OUT IN LIFE?
    (B) BETTER OR WORSE THAN WHAT YOU HOPED FOR?
20. LET'S TALK A LITTLE ABOUT YOU AS YOU ARE NOW. WHAT ARE THE BEST THINGS ABOUT THE AGE YOU ARE NOW?
21. WHAT ARE THE WORSE THINGS ABOUT BEING THE AGE YOU ARE NOW?
22. WHAT ARE THE MOST IMPORTANT THINGS TO YOU IN YOUR LIFE TODAY?
23. WHAT DO YOU HOPE WILL HAPPEN TO YOU AS YOU GROW OLDER?
24. WHAT DO YOU FEAR WILL HAPPEN TO YOU AS YOU GROW OLDER?
25. HAVE YOU ENJOYED PARTICIPATING IN THIS REVIEW OF YOUR LIFE?

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AFFECT AND MEASURES THE TRANSITORY NATURE OF WELL-BEING (LIANG, 1984). TESTS OF THIS SCALE FOR INTERNAL VALIDITY RESULT IN CORRELATIONS RANGING FROM .86 ON POSITIVE AFFECT ITEMS TO .97 ON NEGATIVE AFFECT ITEMS. THIS SCALE HAS NOT BEEN USED EXTENSIVELY WITH THE AGING POPULATION, BUT MOST RECENTLY HAS BEEN RECOMMENDED FOR USE WITH THE LSI-A (MANGAN, 1982) TO GAIN A CLEARER PICTURE OF WELL-BEING IN THE ELDERLY.

DEPENDENT VARIABLE: DEPRESSION.

THE THIRD DEPENDENT VARIABLE, DEPRESSION, WAS MEASURED USING ZUNG'S SELF-RATING DEPRESSION SCALE (SDS). THIS SCALE HAS HAD MORE TRIALS WITH OLDER ADULTS THAN ANY OTHER DEPRESSION INSTRUMENT (EBERSOLE, 1981), ALTHOUGH IT WAS CONSTRUCTED WITHOUT REGARDS TO AGE (ZUNG, 1965). TWENTY QUESTIONS MADE UP THE SDS, ADDRESSING FOUR AREAS OF PATHOLOGIC CHANGE: AFFECTIVE, COGNITIVE, BEHAVIORAL, AND PSYCHOLOGICAL. THE SDS DEMONSTRATES A SENSITIVITY OF 58%, A SPECIFITY OF 87% AND A CORRECT CLASSIFICATION OF 74% WHEN COMPARING 42 PATIENTS DIAGNOSED AS EITHER NORMAL OR DEPRESSED.

DEPENDENT VARIABLE: ACTIVITIES OF DAILY LIVING.

ACTIVITIES OF DAILY LIVING (ADL), THE FOURTH DEPENDENT VARIABLE, WAS MEASURED WITH FIFTEEN QUESTIONS FROM THE OARS MULTI-DIMENSIONAL ASSESSMENT FORM. THE ADL DIMENSION IS DIVIDED INTO TWO PARTS: CARE OF THE BODY AND INSTRUMENTAL ACTIVITIES, AND IS BASED ON SELF-REPORT (MANGAN, 1982). THE OARS HAS BEEN USED EXTENSIVELY TO ASSESS THE FUNCTIONAL WELL-BEING OF THE ELDERLY.

Procedure

Subjects' names were drawn alternately from a master list by three data collectors using an odds-evens approach. The subjects in each group were visited in the order their names were drawn. The first subject visited was asked to participate in the life review process. The second subject was asked to participate in a friendly visit, and the third subject, placed in the no-treatment group, was asked merely to fill out a questionnaire in a week's time and again in seven weeks. If a specific request was denied, the next person on the list was asked that request until every third person was either in the experimental, control or no-treatment group.

Subject's rights were protected through voluntarily signing a consent form. Those subjects participating in the life review group were informed of the risk of creating feelings of sadness through the life review and the following statement was a part of their consent form: "There may be some temporary psychological discomfort while participating in this study, and I may withdraw from this study at any time by requesting to do so."

This study was conducted as a double-blind study with the chief investigator and those doing the testing remaining ignorant of group assignment until the scores were tallied. Several sessions were held to train data collectors in the life review process and in Ivy's microcounseling skills. Audio tapes and logs were kept to monitor each subject's progress.

Results

A majority of the participants in this study were disabled and depended on at home services to live independently in the community. Those subjects who were healthy were often bound to the house because they were acting as caregivers for others, also in the study, who were receiving homebound services. The mean ages in the three groups ranged from seventy-three to seventy-nine. Subjects were predominantly female (78%) and widowed (58%) or married (37%). Sixty-two percent were Caucasian and the remainder black. When asked to describe their state of health, 55% said they were in good health and 45% described their health as poor. The participants averaged 2.4 chronic health conditions per person. Pre-test, post-test, and difference scores on the four dependent variables were calculated for each subject in each of the three groups. The average scores for the three groups on the four dependent variables are presented in Table 1.

Insert Table 1 about here

Analysis of Data

Manova was selected to examine and statistically test the interaction of the four dependent variables. Following is Table 2, illustrating the results of Manova for each dependent variable in the model.

Insert Table 2 about here

Additionally, Pillai's Trace demonstrated statistical significance for overall group effect with F (8, 84) = 2.24, $p < .0319$, allowing rejection of the null hypothesis of Manova at the .05 level of significance.

Table 1. Average Scores for Three Groups on Four Dependent Variables

	GROUP A EXPERIMENTAL	GROUP B CONTROL	GROUP C NO TREATMENT
Number in group	16	16	19
Life Satisfaction Index (LSI-A)			
Pre-test mean	17.94	21.13	19.53
Post-test mean	24.63	19.63	20.79
Difference score	6.69	-1.50	1.26
Standard deviation	4.27	5.63	3.90
Affect-Balance (ABS)			
Pre-test mean	11.06	11.44	11.05
Post-test mean	14.44	10.50	10.95
Difference score	3.37	-0.94	-1.11
Standard deviation	3.26	3.00	3.60
Depression Scale (SDS) Raw Score & % of Clinical Depression			
Pre-test mean	26.25 (33%)	29.13 (36%)	28.32 (35%)
Post-test mean	21.44 (28%)	30.50 (39%)	25.00 (31%)
Difference score	-4.81 (-5%)	1.36 (+3%)	-3.32 (-4%)
Standard deviation	7.90	14.17	9.59
Activities of Daily Living (ADL)			
Pre-test mean	23.56	21.56	20.63
Post-test mean	24.	21.12	21.11
Difference score	.44	-.44	.47
Standard deviation	1.93	1.09	2.46

Table 2. Multivariate Analysis of Variance for Each Dependent Variable in the Model

Source	df	Type III SS	Mean Square	F Value	P Value
Zung Depression Scale (SDS)					
Group	2	381.208	190.604	2.00	0.1471
Error	44	4187.643	95.173		
Affect-Balance Scale (ABS)					
Group	2	125.343	62.671	6.87	0.0025
Error	44	401.178	9.117		
Activities of Daily Living (ADL)					
Group	2	2.423	1.211	0.35	0.7100
Error	44	154.477	3.5108		
Life Satisfaction Index (LSI-A)					
Group	2	197.737	98.868	5.92	0.0053
Error	44	734.733	16.698		

The canonical variates generated in Manova explain the variance and describe the constructs that underlie the dependent variables. The first canonical variate obtained accounts for maximum variance and produces the maximum separation between groups. Subsequent canonical variates account in order for smaller differences between the groups. The following canonical variates in Table 3 explain 29% of the variance and show that the ABSDIFF and the LSIADIFF explain the bulk of the differences between groups.

Insert Table 3 about here

Finally, Figure 3 provides a visual representation of the dependent variables, demonstrating differences between groups.

Insert Figure 3 about here

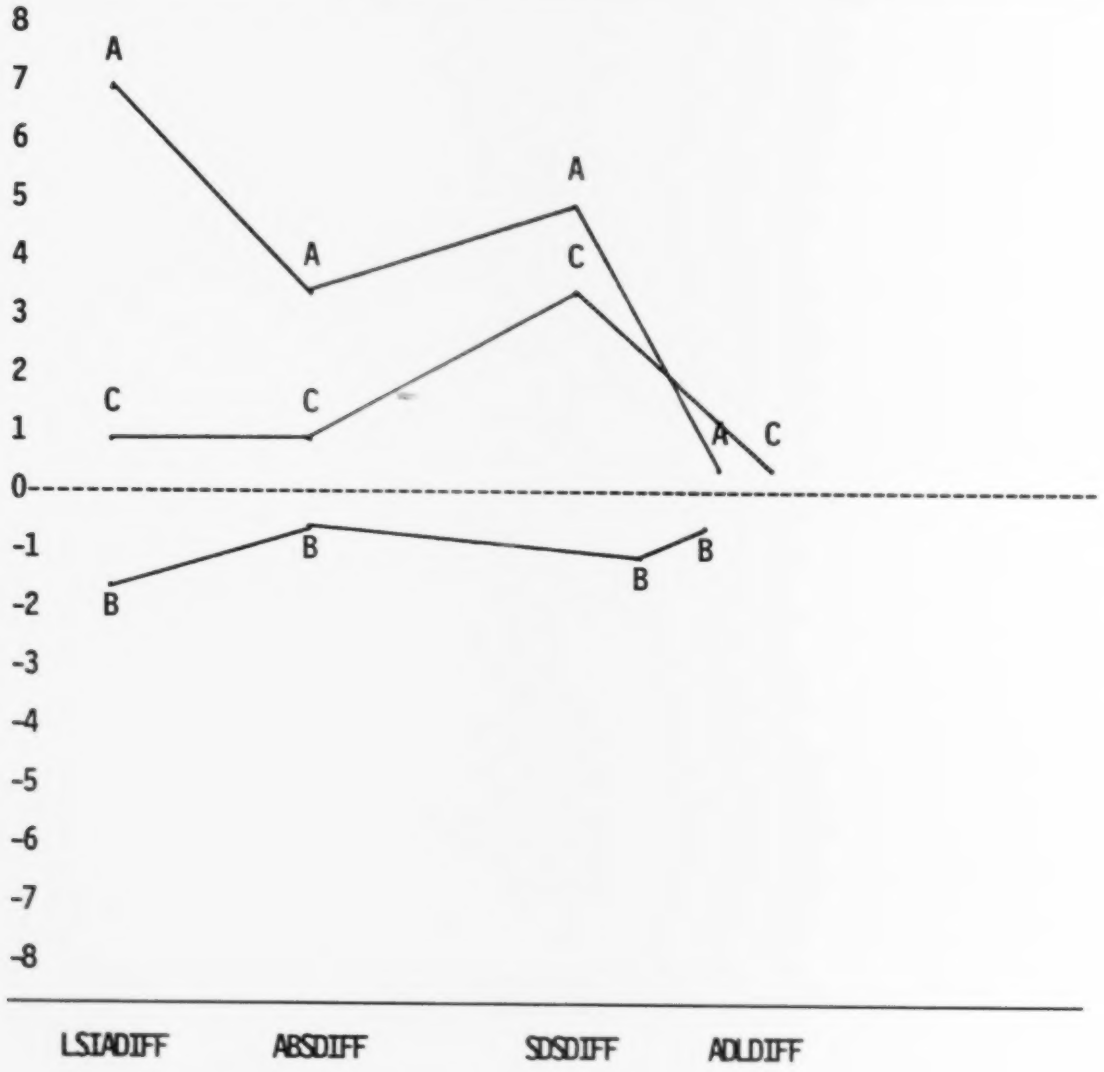
Discussion

An examination of Table 1 reveals the generally expected results for the experimental group and the no-treatment group. However, the control group responded in an unexpected manner by decreasing scores on all four dependent variables. Despite this evidence, the control group seemed to enjoy the friendly visits as confirmed through examination of the data collector's audiotapes made during each visit. One can only hypothesize that the control group did not raise scores because they received no therapeutic intervention. Reasoned conjecture might indicate that the scores decreased on post-test because a level of trust was present after eight friendly visits with the data collector, and consequently, subjects were more open and answered questions more honestly. These results for the control group suggest that nurses closely examine the quality of their

TABLE 3. RESULTS OF MULTIVARIATE ANALYSIS OF VARIANCE; CANONICAL VARIATES

	CAN 1
ZDIFF	0.2694
ABSDIFF	0.8606 *
ADLDIFF	0.1721
LSIADIFF	0.8314 *
* = SIGNIFICANCE	F = 2.3292, P<.0263

FIGURE 3. GROUP PLACEMENT BY DIFFERENCE SCORES FOR EACH DEPENDENT VARIABLE



A = GROUP A EXPERIMENTAL (N=16)
B = GROUP B CONTROL (N=16)
C = GROUP C NO-TREATMENT (N=19)

SDS SCORES HAVE BEEN CONVERTED TO GIVE A CLEARER PICTURE OF GROUP DIFFERENCES. (NEGATIVE SDS SCORES ORDINARILY DENOTE POSITIVE CHANGE).

interactions with their clients. Mere visits to the homebound elderly may be essentially ineffective as nursing interventions.

A survey of the canonical variates reveals that only two of the dependent variables were significantly affected by the life review process: namely, life satisfaction and psychological well-being. Life satisfaction evidenced significant change as a result of the manipulation of the independent variable, life review process. Since five of the questions on the LSI-A test the concept of integration, which is the goal of life review, the LSI-A in fact may be the most sensitive instrument for testing the therapeutic efficacy of the life review process.

The second dependent variable, ABS, also proved sensitive in testing individual's present affect and correlated well with similar measures in the experimental and control group. The scale worked well in combination with the LSI-A, as suggested by Mangan.

Questions are raised concerning the sensitivity of the instruments measuring the other two variables, depression and activities of daily living. The SDS, testing for depression, revealed provocative results. The no-treatment group was expected to remain the same on pre-test and post-test for all dependent variables. There were small differences of .5 to 1 in scores on all the dependent variables except for the scores on the SDS (depression) which showed a decrease in percentage of 3.32 to 4. This difference in change for depression alone creates speculation regarding the nature of depression and its correlation to life satisfaction and psychological well-being. These results also cause one to question the

transitory nature of depression in older adults as well as to speculate whether the lack of significant change in depression from pre- to post-test in the experimental group was caused by the bizarre behavior of the no-treatment group.

Most notably, the depression scores indicate that clinical depression is not present in this sample of homebound elderly. The scoring system of the SDS labels people as clinically depressed when they have a score of 50% and over (Zung, 1965). The highest test scores for this sample averaged 39 percent, thereby demonstrating that the homebound elderly are not depressed. Even more significant for this study and for life review, the scores in the experimental group demonstrated that life review did not cause depression. Perhaps this slight indication of the safety of life review as a therapy will encourage nurses to use this modality with more confidence.

Test results for Activities of Daily Living (ADL) divulged little change in any of the three groups although the control group continued to regress and the other two groups advanced. Two reasons are suggested for lack of change in activities of daily living. The first is that this population, as the homebound elderly, had many permanent physical limitations which could not improve with increased psychological well-being. These limitations included paralysis from CVA, amputation, and emphysema. Consequently, this measure was not sensitive to this population. A more appropriate tool for this population would be one that measured inclination rather than the ability to increase functional activities.

Secondly, not enough time elapsed for change in activities of daily living to take place. The post-tests were given a week after the therapeutic intervention of life review was completed. If the subjects were inclined to be more active, they had little time to implement this inclination before the post-tests were given.

Summary

A close look at the life review process as a counseling modality reveals great potential value for use by nurses and others in clinical practice with the elderly. The use of a structured, lengthy, integrative process of life review is the difference between this study and others in the literature and may well be the key to the therapeutic use of life review.

The conduct of this study revealed additional elements regarding the use of life review. First, life review is most effective performed on a one-to-one basis with a therapeutic listener. Secondly, life review does not need to happen by chance in response to crises but may be initiated as a preventive or health maintenance measure. Third, negative memories are as important, if not more so, than positive ones in achieving integration. Fourth and lastly, life review has been misinterpreted too often as reminiscing, whereas reminiscing is a totally different concept from the integrative task of life review.

Recommendations for Research and Practice

Replication of this study with a larger sample is the first

recommendation for future research on the structured process of life review. Further, this structured process of life review needs comparision with other reminiscing modalities such as therapeutic reminiscing groups. Additionally, consider this modality for use with people facing retirement and with people who are grieving. This process is also recommended for dying patients as a preparation for a good death and for their families as a tool to prepare the family for the death of a dying member.

Nurses must familiarize themselves with the concept of life review and must make life review a part of their daily practice. Life review holds great potential as a cost effective preventive mechanism for the elderly and as an effective nursing intervention for promoting increased well-being. This modality offers promise for more holistic nursing of the elderly.

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